

DEC. 3. 2007 6:15PM

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FACSIMILE TRANSMISSION

DATE: 12, 3, 2007
TO (FIRM): U.S.P.T.O.
ATTN: Examiner James H. Zurita
FAX NO: _____
FROM: Paul W. Bobowicz
RE: U.S. Patent No. 09/760,878
YOUR REF: _____
OUR DOCKET NO: 0826.1664
NO. OF PAGES INCLUDING THE COVER SHEET: 31

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COMMENTS:

DEC 3 - 2007

S&H Form: (09/07)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	826.1664		
		Application Number	09/760,878		
		Filing Date	January 17, 2001		
		First Named Inventor	Takahiko KAWASHIMA, et al.		
		Group Art Unit	3625		
AMOUNT ENCLOSED	\$640.00	Examiner Name	James H. Zurita		
FEE CALCULATION (fees effective 09/30/07)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	14	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	5	- 5 =	0	X \$ 210.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>October 3, 2007</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$460)); (3 months (\$1,050)); (4 months (\$1,640)); (5 months (\$2,230)).					\$460.00
If Notice of Appeal is enclosed, add (\$510.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					\$ 180.00
Total of above Calculations =					\$ 640.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 640.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
CERTIFICATE OF FACSIMILE TRANSMISSION					
I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450					
on <u>December 3, 2007</u>					
By: <u>Stas & Halsey</u>					
Date: <u>December 3, 2007</u>					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed.					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Paul W. Bobowiec		Reg. No.	47,431	
Signature	<u>Paul W. Bobowiec</u>		Date	<u>December 3, 2007</u>	

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